

EXHIBIT 3

In Re: Flat Glass Antitrust Litigation (II)
Claims Administrator
PO Box 3266
Portland, OR 97208-3266

RESPONSE DUE DATE:
POSTMARKED NO LATER
THAN MONTH DD, 2011

<<Mail To>>
<<Name>>
<<Address>>
<<City, State Zip Code>>

CLAIM FORM

In re Flat Glass Antitrust Litigation (II)

Settlements have been reached in a class action lawsuit alleging antitrust claims against the following manufacturers of Construction Flat Glass: Pilkington North America, Inc., Pilkington Holdings Inc., Guardian Industries Corp., AGC Flat Glass North America, Inc. and PPG Industries, Inc. (collectively, "Defendants"). If you purchased Construction Flat Glass products directly from any of the Defendants between July 1, 2002 and December 31, 2006, you may be eligible to receive a share of the settlement proceeds. This Claim Form must be completed and returned by any Class Member who seeks payment from any of the settlements. Please refer to the General Instructions on page 5.

IMPORTANT NOTICE: IN ORDER FOR A CLASS MEMBER TO RECEIVE A SHARE OF THE SETTLEMENT FUND, PURSUANT TO THE PLAN OF DISTRIBUTION DESCRIBED IN THE NOTICE, A COMPLETED, SIGNED, AND CERTIFIED PROOF OF CLAIM MUST BE RETURNED TO THE CLAIMS ADMINISTRATOR, POSTMARKED NO LATER THAN MONTH DD, 2011, AT THE FOLLOWING ADDRESS:

In Re: Flat Glass Antitrust Litigation (II)
Claims Administrator
PO Box 3266
Portland, OR 97208-3266

IF YOU WANT PROOF THAT THE CLAIMS ADMINISTRATOR RECEIVED YOUR CLAIM FORM, YOU SHOULD SEND IT IN A WAY THAT WILL PROVIDE YOU WITH A RECEIPT OF DELIVERY, SUCH AS A UNITED STATES POSTAL SERVICE RETURN RECEIPT. THE CLAIMS ADMINISTRATOR WILL ONLY PROCESS CLAIM FORMS THAT IT ACTUALLY RECEIVES.

THE COMPLETED CLAIM FORM AND THE INFORMATION IT CONTAINS WILL BE TREATED AS CONFIDENTIAL AND WILL BE USED SOLELY FOR PURPOSES OF ADMINISTERING THIS SETTLEMENT.

If, after reviewing this Proof of Claim, you need additional assistance, you may contact the Claims Administrator at 1(877) 273-9532.

ACCURATE PROCESSING OF CLAIMS MAY TAKE SIGNIFICANT TIME.
THANK YOU, IN ADVANCE, FOR YOUR PATIENCE.

01-CA1631 v.2



YEAR	AMOUNT OF AGC Flat Glass North America, Inc. PURCHASES	If amount is different from information on left, fill in the amount.
2002 (starting with July 1)		
2003		
2004		
2005		
2006		

YEAR	AMOUNT OF Guardian Industries Corp. PURCHASES	If amount is different from information on left, fill in the amount.
2002 (starting with July 1)		
2003		
2004		
2005		
2006		

YEAR	AMOUNT OF Pilkington North America, Inc. or Pilkington Holdings, Inc. PURCHASES	If amount is different from information on left, fill in the amount.
2002 (starting with July 1)		
2003		
2004		
2005		
2006		

YEAR	AMOUNT OF PPG Industries, Inc. PURCHASES	If amount is different from information on left, fill in the amount.
2002 (starting with July 1)		
2003		
2004		
2005		
2006		

2D

Barcode

GENERAL INSTRUCTIONS

1. **Authorized Claimant:** This Claim Form must be signed and verified by the claimant or a person authorized to act on behalf of the claimant.
2. **Third-Party Sollicitors:** There are companies that may contact Class Members upon learning of a pending class action distribution and offer to help Class Members file claim forms in exchange for a share of the money that the Class Members may ultimately recover or for other compensation. Please be advised that you do not need to use one of these companies in order to file a Claim Form. Assistance is available from the Claims Administrator at no cost to you.
3. **Submission of Claim:** This Claim Form may be submitted by first-class mail, or it may be completed and submitted online at www.flatglasslitigation.com. If you mail the Claim Form, it must be postmarked by Month DD, 2011 and addressed to: In re Flat Glass Antitrust Litigation (II); Claim Administrator; PO Box 3266; Portland, OR 97208-3266. If you complete and submit the Claim Form online, it must be submitted by Month DD, 2011. If you fail to mail a timely, properly addressed Claim Form or to submit a timely online Claim Form, your claim may be rejected and you may be precluded from any recovery from the settlements. Do not send a Claim Form to the Court or to any of the parties or their counsel.
4. **Completion of Claim Form:** Please type or neatly print all requested information. Failure to complete all parts of the Claim Form may result in denial of the claim, may delay processing, or may otherwise adversely affect the claim.
5. **Verification:** The Claims Administrator is authorized to request from persons or entities submitting claims forms any documentation necessary to verify all information appearing in the claim form or to prevent consideration of duplicate claims submitted by a class member. Failure to provide such information in response to such request may constitute grounds for rejection of the proof of claim.
6. **Claims of Single Entities:** Even if you belong to more than one of the classes described in the Notice, you need only submit one Claim Form. The Claims Administrator will determine the classes in which you qualify and the settlements from which you will receive proceeds.
7. **Assistance:** If you have questions about your claim, you may contact the Claims Administrator at the above address or at 1(877) 273-9532. You may also contact your own attorney or other person to assist you, at your own expense.
8. **Keep a Copy:** For your records, keep a photocopy of your completed Claim Form. You should also retain any and all documents and records you may have concerning purchases of Construction Flat Glass products in the United States during the period July 1, 2002 through December 31, 2006.
9. **Changes of Address:** Keep the Claims Administrator advised of any change in your current mailing address.

If you have any questions or concerns regarding your claim, please contact the Claims Administrator at:

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